

# EXHIBIT C

**From:** [The Injury Specialists](#)  
**To:** [dr.ara@eastwestspineandrehab.com](mailto:dr.ara@eastwestspineandrehab.com); [missyhsutton@gmail.com](mailto:missyhsutton@gmail.com)  
**Cc:** [sharon@theinjuryspecialists.com](mailto:sharon@theinjuryspecialists.com); [emily@theinjuryspecialists.com](mailto:emily@theinjuryspecialists.com); [brittany@theinjuryspecialists.com](mailto:brittany@theinjuryspecialists.com); [intake@infinityhealth.com](mailto:intake@infinityhealth.com); [anne@infinitycapital.com](mailto:anne@infinitycapital.com); [Michelle@infinityhealth.com](mailto:Michelle@infinityhealth.com)  
**Subject:** Referral from The Injury Specialists - Patrick Harrison  
**Date:** Friday, March 8, 2019 8:45:00 AM

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Thank you for referring to The Injury Specialists MRI members. As the referral you made has been designated as a Personal Injury (Lien) case, this MRI center requires our medical financing division to approve the scan. We do not anticipate any delays, however, we will need documents to be signed by the attorney.

If you have any questions about approvals or experience delays, please REPLY TO ALL or email [emily@theinjuryspecialists.com](mailto:emily@theinjuryspecialists.com) (Director of Member Services) for immediate assistance. You may also call our corporate office at 404.348.4310.

**Referrals For :** American Health Imaging of West Cobb

**Phone No. of Referrals For :** 770-739-9770

**Patient Name :** [REDACTED]

**Patient # :** [REDACTED]

**Patient Date of Birth :** [REDACTED]

**Date of Injury :** 02/20/2019

**Referred By :** East West Spine and Rehab Clinic

**Referral Phone :** 770-432-5600

**Referral Fax :** 770-432-5602

**Representing Attorney :** Michael Rubin-Montlick

**Representing Attorney Phone # :** 404-529-6333

**Personal Injury :** Yes

**Lien Only :** Yes

**Special Requests/Recommendations** Left Shoulder, Right Knee Post MVA. Patient has been referred to Non-Surgical Orthopedic so sending them the reports as well is warranted.  
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**File(s) Uploaded :** [MRI or Diagnostic test order](#)

PLEASE DO NOT PRINT THIS REFERRAL AND PLACE IN THE PATIENTS FILE AS MEDICAL RECORDS.